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## A DECLARATION OF COLLABORATIVE WORKING BETWEEN THE North East And North Cumbria AHSN AND ASTRAZENECA UK LTD

The North East and North Cumbria AHSN and AstraZeneca UK Ltd are engaged in a COLLABORATIVE WORKING PROJECT 'The Enhance HF Project.

The background to the project:

### 1. BACKGROUND

The NHS Long Term Plan states that the biggest area where the NHS can save lives over the next 10 years is in reducing the incidence of cardiovascular disease (CVD). CVD causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas.

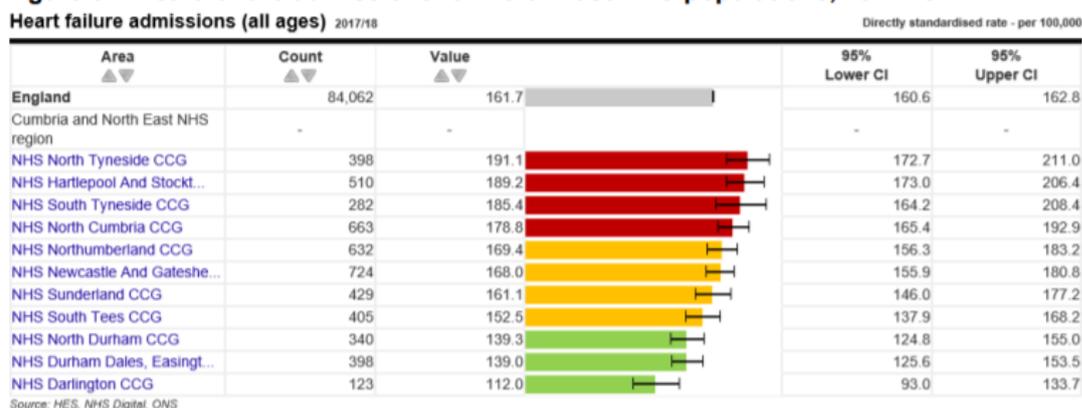
It was outlined in the Public Health England Report 'State of the North 2019' how Cardiovascular disease affects the people in the North East. It highlights the factors that increase the risk of having CVD and shows where in the region and among which population groups these are most common. It also describes the distribution of ill health and deaths due to CVD, showing clearly how it has a greater impact on those people living in socially and economically disadvantaged communities.

Heart failure occurs when the heart does not pump enough blood around the body. It can be a symptom of coronary heart disease, it may be congenital or it can be the consequence of heart damage (90) (91). Symptoms can include tiredness and shortness of breath, even when resting, fluid retention, dizziness or fainting.

Between 2009/10 and 2017/18 the prevalence of diagnosed heart failure in England increased from 0.7% to 0.8% (92) (93). In Cumbria and the North East over the same period, it increased from 0.9% of the population to 1.2%, the highest recorded prevalence of heart failure of all NHS regions. Prevalence is measured as a crude rate and so variations in prevalence may reflect differences in the age structure of populations or the effectiveness of case finding and recording.

Darlington CCG has the highest prevalence of heart failure in the region (93), but the lowest rate of admission to hospital (Figure 31), significantly lower than England as a whole. Darlington also had one of the lowest mortality rates from heart failure in the region in 2015-17 (94). A similar pattern can be seen for Durham Dales, Easington and Sedgfield CCG.

**Figure 31: Heart failure admissions for North East CCG populations, 2017/18**



Source: Cardiovascular Disease Profile, within Fingertips at <https://fingertips.phe.org.uk>

Darlington CCG have achieved these results through building an integrated HF service that systematically supports diagnosis, code cleansing and case finding for patients across the 11 practices of Darlington PN/CCG to achieve improved outcomes for the ~ 110k patients of the locality.

Through employing mechanism's outlined in this document, we will ensure a more robust and efficient diagnostic work up of de novo patients and those requiring review; Through implementing the latest NICE TA's in the structured medicines review the ambition is to provide a blueprint for the contemporary primary care hf service to be followed.

### **Summary of Expected Benefits**

The project in Darlington will deliver a legacy of proactive case finding for the population ad infinitum through embedding the Oberoi HF searches within the framework of System One to proactively flag 'work to be done' on HFrEF patients. Additionally, the project will integrate evidence base in support of SMR into System One:

1. Contemporary therapeutic guidelines
2. NICE therapy area QS around HFrEF management
3. Education resources sourced from PCCS which are already in the public domain.
4. Oberoi HF ODM Access  
Systematic approach to case finding in prevalent and incident population

### **Summary of Expected Outcomes**

Through the project it is anticipated that there will be a triple win for the NHS, Patients and AstraZeneca these will be measured against baseline (where metrics are available):

1. NHS: Improved disease registers, proactive case finding, evidence supported review, stratification of highest risk patients, reduced hospital admissions.
2. Patients: Proactive disease management, quicker access to contemporary medicines, improved QOL and better disease prognosis.
3. AZ: Improved understanding of gold standard care pathways, increased reputation in partnership with NHS, expanded patient access to NICE Technology appraised Dapagliflozin